

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

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Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### PROFESSIONAL COUNSELOR LICENSE/TRAINING LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan  
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander  
☐ Hispanic ☐ Other

### PROFESSIONAL EDUCATION (schools, locations, degrees and date of graduation)

SCHOOL	LOCATION	DEGREE	DATE OF GRADUATION (M/D/Y)

☐ Check this box and "Training License" below if you are applying for a professional counselor training license.

**APPLICATION FEES** Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application.)

\_\_\_\_ **Training License**  
\$ 53.00 Total Required Fee Attached

\_\_\_\_ **Training License Optional Fees**  
\_\_\_\_ \$ 57.00 Wisconsin Statute and Rule Exam Fee  
\_\_\_\_ \$ 15.00 National Exam Contract Fee

\_\_\_\_ **PC Licensure Exam Applicants**  
\$ 53.00 Initial Credential Fee  
\$ 57.00 Wisconsin Statute and Rule Exam Fee (*This fee is not required if paid with Training Optional License Fee.*)  
\$ 15.00 National Exam Contract Fee (*This fee is not required if paid with Training Optional License Fee.*)  
\$125.00 Total Fee Attached

\_\_\_\_ **Temporary License (Exam applicants only)**  
\$ 10.00 Temporary License Fee (*non-refundable*)  
\$ 57.00 Wisconsin Statute and Rule Exam Fee (*This fee is not required if paid with the PC licensure exam option.*)  
\$ 67.00 Total Fee Attached

\_\_\_\_ **PC Licensure Reciprocity: (Individuals who hold a credential in another state or jurisdiction)**  
\$ 76.00 Reciprocal Fee  
\$ 57.00 Wisconsin Statute and Rule Exam Fee  
\$133.00 Total Fee Attached

### For Receipting Use Only



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If you **do not** hold a master's or doctoral degree in professional counseling or one of the majors listed below, you must complete the enclosed **curriculum requirements grid** (Form #2239) for master's or doctoral degree equivalency. Official school transcripts and course descriptions are also required.

Guidance and Counseling	Counseling Psychology
Rehabilitation Counseling	Vocational Rehabilitation Counseling
Vocational Rehabilitation	Guidance-Vocational Counseling
Educational Rehabilitation Counseling	Educational Counseling
Rehabilitation Psychology	Vocational Rehabilitation Guidance
Counselor Education	M.S. in Ed. - emphasis in Counseling or Guidance
Behavioral Disabilities	M.S. in Ed. - emphasis in Guidance & Counseling
Educational Psychology - Counseling	M.S. in Ed. - emphasis in Community Counseling
Community Human Services - Counseling emphasis - from UW Green Bay, LaCrosse or Oshkosh	
Master's In Counseling - Marquette	UW Stout - Mental Health Counseling
Any major that is CACREP or CORE accredited	Wisconsin School of Professional Psychology
Mental Health Counseling Program - Southern New Hampshire University	
M.S. in Human Services with concentration in Mental Health Counseling from Springfield College	

**NOTE: Applicants applying for the training license do not check either of the next two boxes listed below.**

- ☐ I hold a masters degree in Professional Counseling or an equivalent program, and state that since my degree was received, I have completed at least 3000 hours of professional counseling practice, in no less than 2 years, including at least 1000 hours of face to face client contact, under the supervision of a professional, as specified in s. MPSW 12.02(2).
- ☐ I hold a doctorate degree in Professional Counseling or an equivalent program, and state that since my degree was received, either during or after the completion of the doctorate degree program, I have completed at least 1000 hours of professional practice, under the supervision of a professional, as specified in s. MPSW 12.02(2).

## **IF YOU ARE CREDENTIALLED AS A PROFESSIONAL COUNSELOR ELSEWHERE:**

I am credentialed in the following states or territories:

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You are required to have each state board or territory of the United States in which you have ever been credentialed, submit verification (form #2572) to the Wisconsin Professional Counselor section. The verification must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. If your credential was obtained without having taken a national exam or its equivalent, you may not be eligible for licensure by reciprocity in Wisconsin.

## **PROFESSIONAL COUNSELOR EXAMINATION:**

Applicants by examination must take the National Counselor Examination (NCE) or the Certified Rehabilitation Counselor Examination (CRCE) to be eligible for certification as a Professional Counselor. Mark an "X" in the appropriate box.

- ☐ I need to take the NCE
- ☐ I need to take the CRCE
- ☐ I have taken and passed the NCE or CRCE and have requested scores to be sent to the Wisconsin Department of Regulation and Licensing.

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**Mark an “X” in the appropriate box.** If you answer YES to any question, give an explanation of all details on an attached sheet. *Please print your name and birth date at the top of each attached sheet.* A “YES” response does not necessarily preclude licensure.

	<u>YES</u>	<u>NO</u>
a. Do you hold, or have you ever held a credential (license, certification or registration) as a professional counselor in any other government jurisdiction? <b>If yes, list where; and submit the enclosed Verification Form (Form #2572) to each jurisdiction.</b>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you hold, or have you ever held a credential (license, certification or registration) in any other occupation or profession in Wisconsin or any other jurisdiction? <b>If yes, what credential(s) in which jurisdiction(s)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever applied for and been denied a credential (license, certification or registration) in any profession? <b>If yes, give details on an attached sheet, including the name of the profession and the licensing authority.</b>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever surrendered or canceled your credential (license, certification or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
f. Is disciplinary action pending against you in any jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you ever been convicted of a misdemeanor or felony? If yes, attach copies of all formal pleadings and all documents relevant to the ultimate resolution of the matter.	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you have any felony or misdemeanor charges pending against you? If yes, give details and identify court on attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
j. Have you ever been the defendant in a malpractice suit, and either entered into a settlement agreement or paid court-awarded damages, or is there such a suit pending? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
k. Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>

# Wisconsin Department of Regulation & Licensing

## AFFIDAVIT OF APPLICANT (sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all of the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my license. I also understand that if I am issued a license, failure to comply with the laws or rules of either the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

**NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE APPLICANT BEFORE THE NOTARY ON THE SAME DATE.**

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## ADDENDUM TO APPLICATION

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Profession

Date of Birth    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                                 month                   day                   year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.